# Sequential Intercept 1 A Winning Collaboration

# Enlightened Alternatives: How CIT and Diversion Are Cutting Recidivism and Saving Millions

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JDTR Grantee Meeting

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#### 2013 – Prospects Courtyard CMS Innovation BH/Health Integration

2012 - Restoration Center Expansion; Building #2 added

Timeline

2012 - Prospect Courtyard adds 80 bed MH residential

2012 - Prospect Courtyard adds new MH Clinic

2011 - Prospect Courtyard Safe Sleeping reaches high of 714

2010 - In House Recovery Program Male and Female 104 sober living beds

2010 - Haven for Hope 1,600 Bed Homeless Facility opened

2010 – International Crisis Intervention Team Conference hosts 1,600 Officers

2008 – Restoration Center opened; Detox, Sobering, IOP Treatment

2006 - Bexar County Jail Diversion receives APA's Gold Award

2005 – 24/7 One Stop Crisis Care Center opened

2004 - Specialty Jail Diversion Facility opens

2003 – First Crisis Intervention Team Training begins

2003 – Deputy Mobile Outreach Team begun

2002 – Bexar County Jail Diversion Collaborative meets for 1st time

2000 – CEO begins diversion efforts, full time coordinator is hired

# The Beginning of CIT in Bexar County & San Antonio

- Center for Health Care Services, started a jail diversion
   program in 2001

   The Center for Health Care Services
- Bexar County Started the Deputy Mobile Outreach Team (DMOT) in 2002
- San Antonio Police Academy started in-service training for all its officers in 2003
- San Antonio Police obtained formal training from Houston Police Department in May 2003
- In October 2003 SAPD started training our officers with the original goal of training 10% of the patrol officers

#### CIT Mental Health Detail



- Mental health professional partners with a CIT Officer together to respond on calls dealing with a psychiatric crisis.
- Team responds to high utilizer calls for the City providing follow up services to reduce the call volume.
- Goal is to put officers back into service for patrol as soon as possible.
  - Reduce inappropriate incarcerations and costly emergency room visits.
  - Offer quality training to law enforcement.
- Co-locate officer with the City unit and Sheriff Mental Health Unit for better collaboration and expedited call response

# Dispatcher Training for 911 Call Takers and Dispatchers



- In 2007 decided that dispatchers would also benefit from CIT Instruction and met with SAPD leadership to establish training.
- Provided an abbreviated 12 hour CIT course for call takers and dispatchers in collaboration with CHCS
- The goal of this training is to increase safety by educating caller takers on essential intelligence gathering and dispatching a CIT Trained officer to the scene.

#### Partnered with Fire and EMS



- As of 2007 SAFD has attended every community training
- has become co trainers with joint PD and Sheriff's Officers
- Have added a CIT component to their EMS In-service training.
- Partnering for Integrated training with Fire/EMS has extended numerous opportunities for growth:
  - Officer and Fire/EMS better communication
  - Safety
  - Better utilization of resources

#### CRISIS CARE CENTER

- Crisis Line
- Crisis Assessment
- Mobile Crisis Outreach Team
- Crisis Transitional Unit 7137 W. Military 645-1651



- Receives consumers from law enforcement 24/7
- Minor medical clearance
- Call ahead preferred
   210 225-5481
- Can not take violent or medically compromised individuals



### The Restoration Center

# Opened April 15, 2008

- Public Safety- Sobering Unit
- Detoxification Facility
- Community Court
- Outpatient Substance
   Abuse Services

#### Serial Inebriants Program

- Originally was staffed with nursing on front end
- Re-organized to have EMT/Recovery Support Specialists on unit
- Not treating medical, just sobering and engaging in relationship
- Educating funders that multiple admissions not viewed as failure
- Continued collaborations with law enforcement, EMS, hospitals



#### Injured Prisoner Clinic



- Added service to reduce ER waits and get police back on street
- Blended funding through City and County
- Open when University Hospital Clinic is closed.
- PA/NP on duty fills dual roles of medical care and physicals for detox after hours.

#### Restoration Center Addiction Services

- Public Safety- Sobering Unit
- Injured Prisoner Medical Services
- Residential & Ambulatory Detoxification
- Opiate Addiction Treatment Services
- Outpatient Substance Abuse Services
- Felony Drug Court COPSD Outpatient Services
- In House Recovery Program Sober Living



Bldg. #1 Opened April 15, 2008

Bldg. #2 Opened **June 27, 2012** 



#### PROSPECTS COURTYARD



Developed two years ago to address basic needs of food, clothing & shelter

#### **Criteria:**

- 18 years of age (or older).
- Physically able to care for themselves.

#### Haven for Hope Homeless Transitional Facility





Show me the DATA !!!

Medical
Directors
Roundtable
Linked
Sample
Data
Reports

Mobile Crisis Outreach Te	em Summary				10/31/2010
		Aug 2010	Sep 2010	Oct 2010	Quarter Total
Total Referrals		188	186	226	600
Community Refer	rels	172	149	195	516
	Adulta	169	140	176	485
	Children	3		21	33
Megletrate Refer			27	23	58
Community Cou		0	0		
Detox Referrate		8	-	0	0
Community Referral O			10	- 8	26
911 Dispositions		Aug	Sep	Oct	Quarter Total
Arrested	No.	67	53	71	191
Negative Contac	-	16	1	1	2
Cancelled		39	12	16	44
Refused Service		1	21	43	103
Resolved on Sce		27	3	0	4
Emergency Detent	V-0		30	30	87
ED to Crisis Care C		7	19	24	57
ED to University Ho	Acceptable and the second	2	•	16	29
ED to Other Hospi		5	5	-1-	
Volunteer to Crisis Can		7	3	7	20
Volunteer to University	The State of the S	1	1		17
Volunteer to Deta		0	2	2	4
Volunteer to Other Ho	Contract of the Contract of th	1	0	2	3
Referred to Community			9	14	3
Follow Up with CHCS		7	5	6	31
Referred to Intak		1	1	2	18
SAPD		23	24	30	4
CIT		14	31	16	77
BCSO		13	9	24	46
Other Police Departm	nente	2	0	4	8
Magistrate Referral Out		Aug	Sep	Oct	Quarter Total
Sent to Detax		0	1	1	2
Sent to UHS		3	4	3	10
Sent to CCC		0	1	2	3
Sent to Other		0	1	1	2
Sent to ADC		5	17	13	35
Sent to Community Reint	egration	0	1	1	2
Released to Self		0	2	2	4



# Emergency Room Utilization (Medical Clearance)

Emergency Room utilization has dropped 40% since the inception of the Crisis Care Center.

40% of (7619 total seen at CCC)

3048

Persons diverted from the ER (in 2006 first year)

X \$1545

Cost Savings relative to ER Utilization

\$4,709,160

Source: University Health System

# Impact on WAIT TIME for LAW ENFORCEMENT







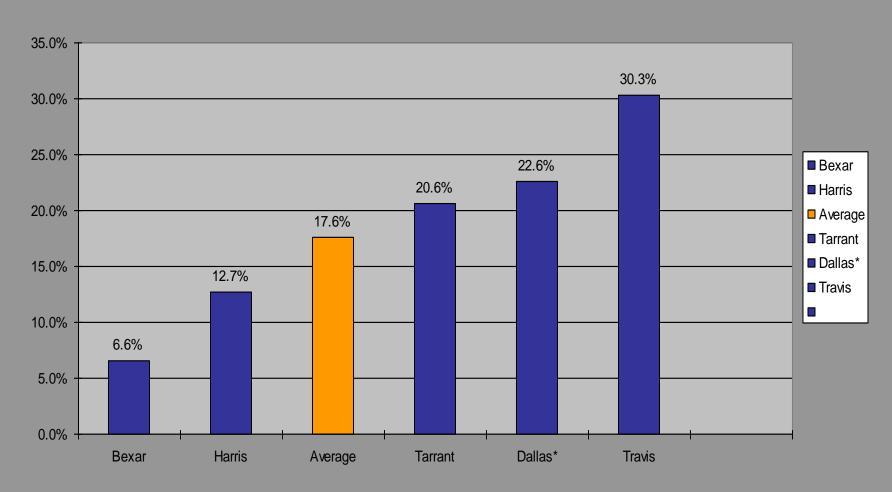
#### Then (prior to Sept 2005)

- Wait times for Medical Clearance/ Screening at UHS ER - 9 hours, 18 min.
- Wait times for Medical Clearance/ Screening <u>and</u> Psychiatric Evaluation was between 12 and 14 hours.

#### Now

- The wait time for Medical Clearance/ Screening at the Crisis Care Center is 10 minutes.
- Wait time for Medical Clearance/Screening and Psychiatric Evaluation is 20 minutes.

# Recidivism Rates for Top Five CSCD' S



<sup>\*</sup>Dallas rates reflect only one mental health provider, Metro Care.



1,600 1,000

– ৯৪৩ Bed Homeless Residential Facility (4)

-CHCS Substance Abuse Outpatient Services (5)

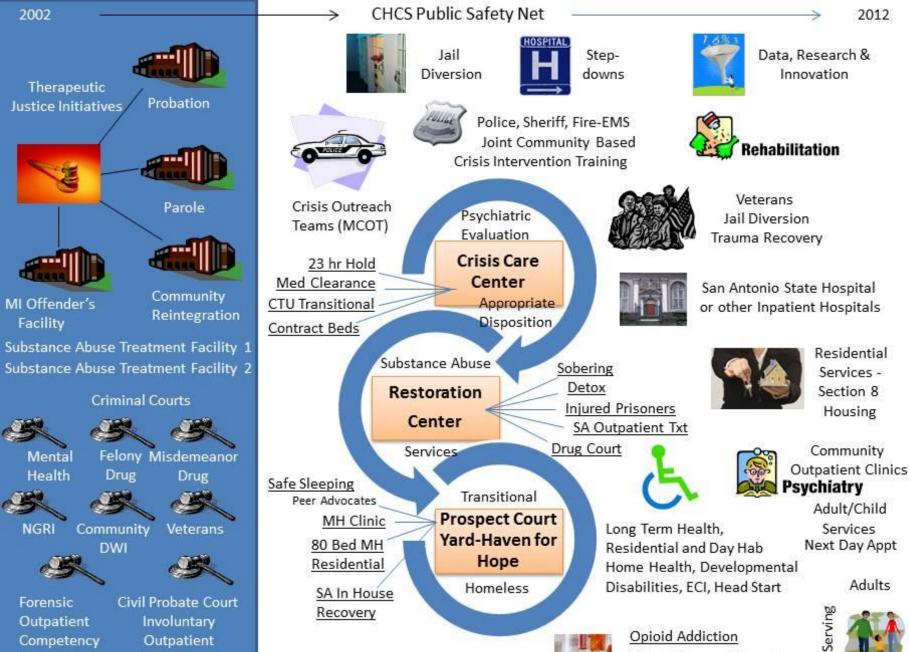
-CHCS Detox Center
(3)

Community Medical Clinic (1)

CHCS Urgent Care Center (2) Emergency Psychiatric Screening

Veterans Residential

County Jail (6)



Competency

Restoration

Outpatient

Commitment

Children

Opioid Addiction

HIV Outreach Outpatient Alcohol and Drugs Counseling

Opioid Pregnant Females

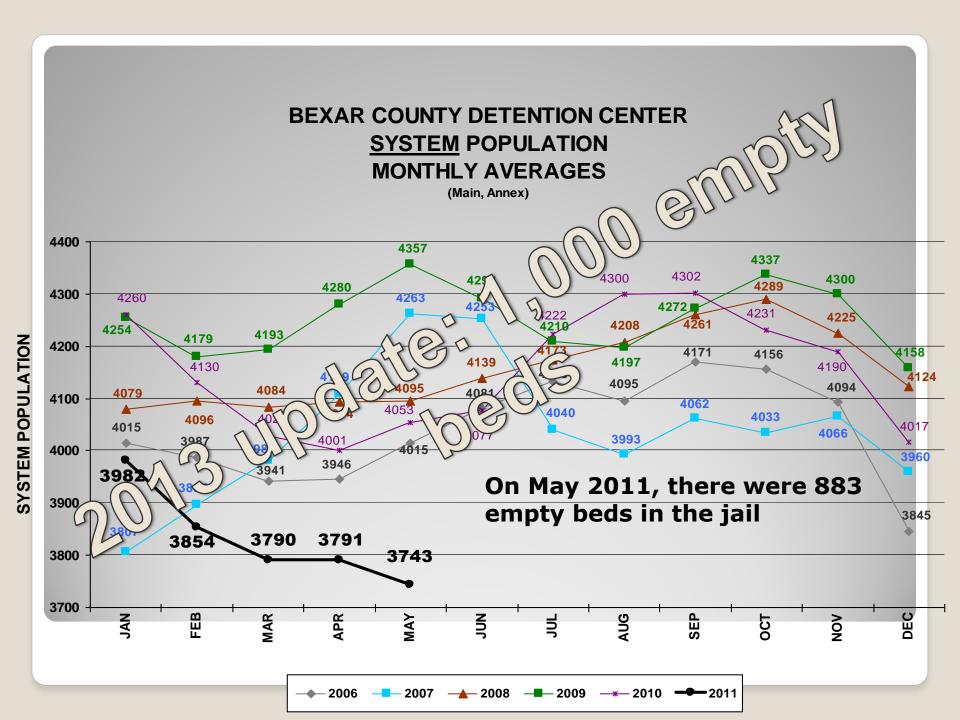
#### Combined CCC and Restoration Documented and Immediate Cost Avoidance

Year One April 16, 2008 – March 31, 2009 Year Two April 16, 2009 – March31, 2010 Year Three April 16, 2010 – March 31, 2011

Cost Category	City of San Antonio	Bexar County	Direct Cost Avoidance
Public Inebriates Diverted from Detention Facility	\$435,435	\$1,983,574	\$2,419,009
, domity	\$925,015	\$2,818,755*	\$3,743,770
	\$1,322,685	\$4,372,128	\$5,694,813
	A.	В.	
Injured Prisoner Diverted from UHS ER	\$528,000	\$1,267,200	\$1,795,200
	\$435,000	\$1,044,000	\$1,479,000
	\$421,000	\$1,010,400	\$1,431,400
	C.	D.	
Mentally III Diverted from UHS ER Cost	\$322,500	\$774,000	\$1,096,500
	\$283,500	\$676,000	\$959,500
	\$276,500	\$663,600	\$940,100
	E.	F.	
Mentally III Diverted from Magistration Facility	\$208,159	\$371,350	\$579,509
	\$179,833	\$322,300	\$502,133
	\$126,893	\$191,125	\$310,018
	G.	Н.	
			Summary next slide

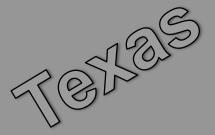
#### Combined CCC and Restoration Documented and Immediate Cost Avoidance Summary

Reduction in Competency Restoration Wait Time in Jail for Hosp Admission	0	\$255,055 \$1,020,000 \$595,000	\$255,055 \$2,000 \$595,000
Reduction in Wait Time in Jail for Outpatient Competence/Wait Time for Restoration compared to Inpatient		\$137,898	\$137,898 \$900,000
Reduction in Jail Time \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		J. \$3(1.2)	\$542,300 
Restoration fond a son keturn		\$700,000	\$221,000 \$700,000
	9.	К.	
2009 Total Year 1	\$1,494,094	<i>\$5,174,599</i>	\$6,668,693
2010 Total Year 2	\$1,823,348	\$7,002,055	\$8,825,403
2011 Total Year 3	\$2,147,078	\$8,127,253	\$10,221,631
TOTALS	\$5,463,520	\$20,303,907	\$25,714,727





"All things considered, I think our marriage has been cost-effective"



#### The Center for Health Care Services











